

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	8/24
O.I.P.E. CLASSIFIER		713	8/30/00
FORMALITY REVIEW	PS	66623	10/5/00
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
= ..... Allowed  
(Through numeral) ..... Canceled  
+ ..... Restricted  
N ..... Non-elected  
A ..... Interference  
O ..... Appeal  
O ..... Objected

BEST AVAILABLE COPY

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If more than 150 claims or 10 actions  
staple additional sheet h r

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